								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO								l	I				
Effective October 1, 2000								09/1688/69					
CLAIMS AS FILED - PART I								LE	NTITY		OTHER	THAN	
_			(Column	1)	(Column 2)		TYPE	C		OR	SMALL	ENTITY	
TOTAL CLAIMS			18				RAT	Έ	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			<u> </u>	าบร 20=	•		X\$ 9)=		OR	X\$18=		
INDEPENDENT CLAIMS			2 mi	nus 3 =			X40=			OR	X80=		
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT				+135=			OR	+270=		
. 4	the difference	in column 1 is	less than zero, enter "0" in column 2				TOTA	AL		OR	TOTAL	-	
UCLAIMS AS AMENDED - PART II											OTHER	THAN	
PAO (Column 1)			(Column		nn 2)	(Column 3)	3) SMALL		ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	- 18	Minus	2	0	= /	X\$ 9	=		OR	X\$18=		
WE S	Independent	· á	Minus	-•• (3	7	X40:	-		OR	X80=		
FIRST PRESENTATION OF MUL			JLTIPLE DEF	TIPLE DEPENDENT CLAIM			+135			ОЯ	+270=		
								TAL		00	TOTAL		
5/16/0 (Column 1) (Column 2) (Column 3)								EE		JON,	ADDIT. FEE		
	CLAIMS			HIGH		(Column 3)		_	ADDI-	1 1	•	ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	RAT	Ε.	TIONAL		RATE	TIONAL FEE	
	Total	. 18	Minus	••		5	X\$ 9	=		OR	X518=		
	Independent	. 2	Minus	***		=	X40:	_		OR	X80=	7	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEPENDENT CLA				-			On.			
							+135			OR	+270=		
		•					ADDIT. F			OR	TÖTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=	X\$ 9	_		OR	X\$18=		
	Independent	•	Minus	***		=	X40=				X80=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						A40:			OR	70V=		
					A :=	2	+135			OR	+270=		
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previousty Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE													
		ther Previously Pai					ound in the	app	ropriate box	in col	umn 1.		